National Park Service Canaveral National Seashore 308 Julia Street Titusville, FL 32796 APPLICATION FOR SPECIAL USE PERMIT

Please supply the information requested below. Attach additional sheets, if necessary, to provide required information. Allow at least seven business days for processing. A non-refundable processing fee is required to accompany this application unless the requested use is an exercise of a First Amendment right. You will be notified of the disposition of the application and the necessary steps to secure your final permit. (Note: there may be additional fees charged, and you may be required to provide proof of liability insurance.)

Applicant Name: Organization N			me:		
Social Security #: Tax ID #					
Street/Address: Street/Address:					
City/State/Zip Code: City/State/Zip Code:					
Telephone #: Telephone #:					
Cell phone #: Cell phone #:					
<u>Fax #:</u> Fax#:					
Description of Proposed Activity (attach diagram if needed):					
Requested Date: Requested District: Playalinda / Apollo (circle one)					
Specific Location Desired	l:				
Time set up will begin	Time event starts	Time event ends	Tin	ne removal v	vill be done
Maximum Number of Participants			(Please provide best estimate)		
Maximum Number of Ve	hicles:				
Support Equipment (list all equipment)					
Support Personnel (contractors, etc. including addresses and telephones)					
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Individual in charge of ev	ent on site (include add	iress, telephone and cel	pnone n	numbers): —	
Is this an exercise of First	t Amendment Rights?		Y	N	
Are you familiar with/ have you visited the requested area?			Ÿ	N	
Do you plan to advertise or issue a press release?			Ŷ	N	
Will you distribute printed material?			Y	N	
Is there any reason to beli		pts to disrupt,			
protest or prevent your event?(if yes explain on separate sheet)				N	
The applicant by his or he false or misleading inform			en is com	plete and con	rrect, and that no
Signature			_ Date _		